

Raymond W. Bliss Army Health Center Patient Feedback Form

You can drop this form off at any of the ‘feedback boxes’ in the facility. You can also mail it to:

**Raymond W. Bliss Army Health Center
Attn: Patient Advocate Office
45001 Winrow Street
Ft. Huachuca, AZ 85613-7040**

- **Comments about provider staff (Physicians/PAs/NPs):**

- **Comments about nursing staff (soldiers/civilians/LPNs/RNs):**

- **Comments about other health care team members (front desk/appointment clerk):**

- **General Comments:**

- **Comments about customer service:**

- **Comments about care received:**

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➤ **Comments about facility:**

➤ **Comments about on what is going well in this Health Center:**

➤ **Comments about TriCare:**

➤ **Suggestions for improvement:**

➤ **Please tell us about yourself: ("X" the appropriate selection)**

___ **ACTIVE DUTY**

___ **RETIRED**

___ **ACTIVE DUTY FAMILY MEMBER**

___ **RETIRED FAMILY MEMBER**

___ **OTHER (explain) _____**

AGE ___

SEX ___

___ **TRICARE PRIME**

___ **TRICARE STANDARD**

___ **TRICARE EXTRA**

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If your comments or concerns require a follow-up call, please fill out the information below:

NAME: (optional) _____

ADDRESS: (optional) _____

TELEPHONE NUMBER: (optional) _____

Privacy Act Statement:

AUTHORITY: Section 133, 1071-87, 3012, 5031, and 8012, title 10 United States Code and Executive Order 9397. **PRINCIPAL PURPOSE:** The personal information will allow follow-up phone calls in regards to your concerns with this Health Center. **ROUTINE USE:** The primary use of this information is to follow up on any concerns, comments, or problems. This information is voluntary. If the requested information is not provided, we will follow up on any concerns, comments or problems, however, you will not be notified of the results.